24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Rebuilding America Now	C C00618876
	O
Check if 24-hour report X 48-hour report New report Amends report filed	d on Mam / Dab / Yayayay
Full Name of Payee MULTI MEDIA SERVICES CORPORATION	Date of Public Distribution/Dissemination
MEDIA SERVICES CORPORATION MEDIA PLACEMENT	08 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 915 KING STREET	
2ND FLOOR	Amount
City State Zip Code	640000.00
ALEXANDRIA VA 22314	Transaction ID : SE24.183 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA Category/ Type 004	07 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: House District:
HILLARY RODHAM CLINTON Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought A190232.00 Disb 2016	oursement For: Primary X General Other (specify) ►
Full Name of Payee	Date of Public Distribution/Dissemination
MULTI MEDIA SERVICES CORPORATION MEDIA PLACEMENT	M M / D D / Y Y Y Y
Mailing Address 915 KING STREET	08 01 2016
2ND FLOOR	Amount
City State Zip Code	160000.00
ALEXANDRIA VA 22314	Transaction ID : SE24.184
Purpose of Expenditure	Date of Disbursement or Obligation
MEDIA Category/ Type 004	07 28 2016
Name of Federal Candidate Support Office	ce Sought: House District:
DONALD J. TRUMP Oppose	President Senate State:
Calendar Year-To-Date Dist	pursement For: Primary X General
Per Election for Office Sought 4190232.00 201	
(a) SUBTOTAL of Itemized Independent Expenditures	800000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	800000.00
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
	08 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	